

WOODROW WILSON REHABILITATION CENTER
Fishersville, Virginia 22939-1500
POSTSECONDARY EDUCATION REHABILITATION TRANSITION
BEHAVIORAL QUESTIONNAIRE

Student _____ ID # _____
ID # to be completed by WWRC Staff

1. Describe any events or behaviors that have resulted in disciplinary action **during the last 12 months**. Include specific behaviors, in/out school suspensions, and dates/frequency of these behaviors.

2. Are you aware if the student displayed verbally or physically aggressive behaviors?
☐ Yes ☐ No
If yes, please describe the incident/behaviors. Include date(s)/frequency and consequences.

3. Describe social/behavioral issues PERT should be prepared to handle and strategies that are effective/ineffective in dealing with them.

4. To your knowledge has the student expressed or exhibited self-harm behaviors?
☐ Yes ☐ No
If yes, please describe the incident/behaviors. Include date(s)/frequency and consequences.

5. What strategies have been most effective with this student for these problem behaviors?

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6. Has the student had a psychiatric hospitalization in the past six months?
☐ Yes ☐ No If yes, please explain the circumstances and outcome.
7. Are you aware if this student is currently involved in Mental Health counseling?
☐ Yes ☐ No If yes, please attach an updated counseling report, which includes a brief description of counseling and progress, as well as any specific concerns PERT staff should be aware of to facilitate the student's success.
8. Are you aware if the student has ever been involved in fire setting? ☐ Yes ☐ No
If yes, please describe the incident/behaviors. Include date(s)/frequency and consequences.

Required supporting documents for behavioral issues:

1. Behavior Intervention Plan or IEP behavior goals
2. Relevant School Discipline Record
3. Counseling Report
4. Letter of support for participation in the PERT Program from counselor

Completed by: _____
Relationship to Student _____
Phone _____ Date _____